

Introduction

The Wyoming Community Service Providers (WCSP) and the Behavioral Health Division (Division) collaborated over a period of six months on an alternative plan to address staffing and support needs by participants without using staffing ratios as a measure of quality or compliance. The WCSP team developed a Variance Report system that providers could use to increase accountability in their service delivery system while also measuring areas relating to positive outcomes for participants. The Variance Report system would not duplicate or replace current incident reporting or management systems nor would it remove the provider's responsibility or liability to provide services per the person's plan of care. The Variance Report system would be a part of a new Continuous Improvement philosophy and practice within the provider agency. This project should be considered another systems improvement in the waiver redesign initiative that started in 2013.

Goal

To provide providers the flexibility in staffing while ensuring participants receive the quality services they need.

How Will We Know That this Change is an Improvement?

- Provider staff feel "safe" in reporting occurrences of variances, errors and near misses/close calls and provider agencies feel "safe" in reporting on continuous improvement activities and variance trends to the Division.
- Providers understand that improving variance, error, or close call reports is beneficial to participants and help the organization continuously improve its services and customer satisfaction.
- Nothing can be learned from an error or problem that goes unrecognized or unreported.
- Promotion of a culture of safety provides a work environment that allows providers to take responsibility for actions without fear of reprimand or immediate sanction.
- Improve provider and Division relationships.
- Services are effectively being delivered without staffing ratios and participants receive better quality services.

Overview of Project Timeline

Milestone	Target Date
Find 6 providers to implement pilot project	Aug 31, 2014
Confirm reportable categories	Sept 30, 2014
Define common language and expectations	Sept 30, 2014
Develop Division policies and procedures for transition period	Sept 30, 2014
Implement provider policy and standards for Variance reporting	Oct 31, 2014
Identify data collection promising practices among providers	Jan 31, 2015
Work with providers in pilot on implementing and evaluating a variance reporting system	Oct 2014–Feb 2015
Implement Variance Reporting with all providers	Mar 30, 2015

How will Providers be accountable for supporting participants as agreed in the plan? What is changing from current expectations?

Current Provider Expectations	Provider Expectation under Variance Reporting
<ul style="list-style-type: none">• Comply with staffing ratios and complete flexibility form if using flexibility from ratios during low activity times	ending
<ul style="list-style-type: none">• Provide services to the participant per the approved plan of care	same
<ul style="list-style-type: none">• Have a staffing system in place where staffing is reviewed per location regularly to ensure people are getting their needs met per plan of care	same
<ul style="list-style-type: none">• Review staffing needs/participant needs regularly to adjust for the needs of participants	same
<ul style="list-style-type: none">• Have an internal incident reporting system and complaint process	same
<ul style="list-style-type: none">• Comply with the Division's Critical Incident Reporting Rules	same

New Provider Expectations under Variance Reporting	Current Provider Expectations
<ul style="list-style-type: none">• Focus on continuous improvement within their organization	CARF requirements
<ul style="list-style-type: none">• Gather and analyze data monthly on services that are not delivered per the plan of care, high risks, injuries, near misses or close calls, and unusual events	CARF requirement to an extent
<ul style="list-style-type: none">• Conduct analysis when trends are noticed	Some with med errors
<ul style="list-style-type: none">• Implement action plans to address areas of concern before the state even knows a concern exists	Somewhat required
<ul style="list-style-type: none">• Report quarterly data and improvement strategies to the Division	none
<ul style="list-style-type: none">• Obtain customer feedback on quality outcomes and report to the Division	none
<ul style="list-style-type: none">• Track data relating to National Core Indicator questions and use national trends as a basis for comparison	none

Think of this as WIN-WIN-WIN!

The staffing ratios are gone, except as specified in the plan of care. (Provider win)

Providers have offered this idea as an alternative solution to ratios and will collect data, manage and address risks, and monitor/report outcomes of services. (BHD win)

The participant's quality of life is expected to improve in this new systems improvement, and the Division will have data to see if it is occurring! (Participant win)

What it will take to make this work

- **Knowing.** Variances that are not consistent with the routine operation of service delivery to any participant should be considered for a variance report. Some occurrences may require immediate verbal reporting during shift change or in general communication logs and some events may require immediate reporting to management.
- **Learning.** The Division and providers shall understand the variance reporting expectations and the purpose and practice of Continuous Improvement in order to build the trust and technical skills necessary to implement this approach.
- **Partnership.** It is essential that provider management/administration and direct care staff work together positively to deliver safe, high quality services to participant, where preventable incidents can be reduced to a minimum.
- **Trust and Cooperation.** The provider shall ensure all occurrences of identified variances are reported, which may involve surveying and studying the climate and culture of the organization to check if staff feel comfortable and safe in tracking and reporting variances to management. The provider needs to support a philosophy that advocates for a safe and just culture, where an employee reporting an occurrence of variance feels confident that he/she has the support of leadership. The overall outcome of an occurrence variance is to improve systems not blame individuals. If staff fail to report due to concerns that reporting will result in repercussions, it impacts the providers ability to achieve the objective of providing safe, high quality services to participants.
- **Trend Analysis.** Provider leadership must analyze data from reports and identify concerning trends, which need to be addressed.
- **Proper Follow-Up.** It is essential that following any variance or occurrence of an unusual event get reported and followed up by the provider on per Division policy. For example, a policy may need to be revised or developed, a procedure reviewed, equipment changed, resources re-allocated, more staff assigned, retraining completed, etc.
- **Reporting to BHD.** The Division will need to monitor providers' compliance with reporting and conducting continuous improvement on a quarterly basis by reviewing the variance report data, provider analysis of trends, and the provider's activities to improve and correct concerns in a timely and satisfactory manner.

Definitions

- A **Major Event** is defined as any occurrence which did not affect the outcome but for which a recurrence carries a significant chance of a serious adverse outcome.
- A **Variance** is defined as any event or circumstance that deviates from established standards or support as specified in the participant's plan of care.
- A **Near Miss or Close Call** is defined as any process or protocol variation, which did not affect the outcome (by chance or intervention), but for which a recurrence carries a significant chance of serious adverse outcomes.

Variance Reporting Purpose

- To facilitate timely, accurate, and complete documentation of any variances from services or protocols specified in the plan of care.
- To provide necessary timely interventions for participants when support is not provided as specified in the plan of care or other unusual or unplanned events occur that decrease the participant's opportunity for community outings, choice, or work/volunteer activities.
- To provide a mechanism for collecting detailed in-house information to study the quality of services provided at a provider organization.
- All providers and direct care staff will know how to report on variances.

Variance Reporting Policy Provisions

- A waiver provider shall develop and implement a variance reporting system so that any occurrence of an event in the categories specified below is reported by an employee to the assigned provider manager.
- The variances must be documented as soon as possible after the event occurs and reported in compliance with the provider's policy and procedures.
- The provider shall have a data collection system in place to record, track and analyze variance data.
- Provider leadership shall analyze data from reports and identify concerning trends that need to be addressed.
- The provider shall ensure any variance or occurrence of an unusual event get reported and followed up by the provider on per Division policy.
- On a quarterly basis, the provider shall report to the Division variance data, trend analysis, and the provider's improvement activities to correct concerns in a timely and satisfactory manner.

Division's role will be:

- ✚ To train providers on Variance Reporting and include providers in the pilot as teachers/mentors to other providers.
- ✚ To offer technical assistance and examples to providers in order to get effective systems in place with each provider
- ✚ To have a central data collection and reporting tool where providers can dump the data and the Division can analyze the data and monitor action plans and improvement items
- ✚ To monitor provider's compliance with the variance reporting requirement by seeing evidence of staff reports, data analysis being conducted, improvement activities working, and overall progress being made by providers.
- ✚ To celebrate systems improvements at the participant level, individual provider level, in aggregate, and as a whole waiver system.
- ✚ To ensure participants are provided quality services per their plans of care.

Variance Reporting Categories

The variance report categories reflect areas of the plan of care, National Core Indicator survey sections, and common risk management areas. **A reportable variance (as specified below) is an event that is not consistent with routine services or protocols specified in a participant's plan of care.**

Individual Outcomes		
	Community Inclusion	When a participant requests to go out into the community and is not able to go (regardless of reason).
	Work/Volunteer	When a participant cannot go to work or volunteer when it was a part of his or her work or volunteer schedule.
	Choice	When a participant's choice is not honored in regard to his or her living arrangement, activity of daily living, roommate, preferred activity or staff, purchasing items, or social activities.
Health, Welfare, Rights		
	Participant Injury	Any type of injury to participant.
	Falls/Near Fall	Any fall or near fall that a participant has during services.
	Restraint	Any use of a physical, chemical or mechanical restraint per the Division's definitions.
	Restrictive Intervention	Any use of a restrictive intervention per the Division's definitions.
	Medication Assistance	Any deviation from the medication assistance required by the participant.
	Medical/Health Protocol	Any deviation from a medical or health protocol in the approved plan of care or implemented quickly by a physician or nurse due to a sudden event.
	Positive Behavior Support Plan	Any deviation from the supports and positive interventions that should be provided to a participant as specified in the positive behavior support plan.
	Crisis Intervention Plan	Any deviation from the supports or interventions specified in the participant's approved crisis intervention plan.
Staff Stability		
	Staff injury (quarterly)	Any staff injury that occurs at work when working with or near a participant. (<i>worker's comp categories</i>)
	Direct Care Staff turnover (annually)	Number of staff who quit or got fired or suspended
Family Indicators		
	Participant Satisfaction (annually)	Provider Survey results
	Family Member Satisfaction (annually)	Provider Survey results

Internal Reporting Requirements

- **Provider staff:** A variance report must be completed at the end of an employee's shift for each participant with whom they worked. If no event occurred that during services that varied from the approved plan, then the staff would mark "0" on the report or "no" depending on the type of report. When the report includes a variance, the staff must state the facts only, avoiding opinions or subjective comments. It must be objective and not use accusatory language. The report must document the status of participant(s) at the time of the occurrence and after. *Completing the form or electronic report at the end of a shift is simply a quick evaluation of how services went that day (whether they met the expectations in the plan of care). Completing the report should not impede services being delivered.*
- **Provider Managers:** Variance reports must be reviewed within seven calendar days from report date, compiled monthly, and tracked in a data collection system within two weeks after the end of the month. Any event that requires immediate or timely follow-up shall be addressed before the monthly review of variance data.
- **Any employee:** If the variance reported is an error, the variance should be documented in the collection system as per the reason it is not considered in the monthly count. If a variance is identified retrospectively through conversation, documentation of services, communication logs, or other means and no report has been submitted, the employee must complete a variance report. The reporting of events is important regardless of when identified.

When to Report

The quarterly reports must be submitted by the 20th of the month following the end of the quarter. Information on Variance Reports will be due:

- First quarter (July-September) October 20th
- Second quarter (October-December) January 20th
- Third quarter (January-March) April 20th
- Fourth quarter (April-June) July 20th

What to Report

Providers shall submit aggregate information on the Variance Categories specified by the Division. Aggregate information will include:

- The total number of variance reports by category
- The unduplicated count number of participants who were involved
- The highest number of incidents for any one participant
- A brief narrative summarizing any patterns and/or trends found in the provider's internal continuous improvement process
- An analysis of variances that indicate an opportunity to make improvements
- A brief narrative summarizing the quality assurance/improvement efforts being undertaken to address trends or concerns identified